



INDIANA BAIL AGENT APPLICATION

Please **type** this application. Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

All applications must include **TWO (2) recent (last six months) full face photos**, no larger than 1 1/2 " x 1 1/2". One photo will be returned to you for placement on your license. **You must affix the picture to the license.** You must also include a 3-A Requisition Form and a properly certified fingerprint card, obtained from local law enforcement. You must also see that the enclosed "Law Letters" are properly filled out by the appropriate agencies and sent directly to this Department by that agency. Do not send or deliver law letters to this Department yourself.

Include the Six Hundred Fifty Dollar (\$650) License Fee with your application. **WE DO NOT ACCEPT CASH.** Unless you are a licensed all lines fire and casualty agent, you are required to take an examination. After this Department has received all law letters, you will receive a form from this office which will entitle you to take the examination. Information regarding test sites and times will be included. There is a Sixty Eight Dollar (\$68) examination fee, to be paid at the time of examination. **Do not send the examination fee to this office.**

Please note that incorrect or misleading information on this application will result in administrative denial. If you have any questions regarding this application, please call this office at (317) 232-5249.

STATE OF INDIANA BAIL AGENT APPLICATION

LEGAL NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY/COUNTY/ ZIP : _____

LENGTH OF TIME AT THAT ADDRESS _____

PREVIOUS ADDRESS(ES) FOR PAST 5 YEARS

PROPOSED BUSINESS ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

IF YOU WILL WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THE NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME:

NAME OF COMPANY YOU WILL REPRESENT:

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:
(This is where you will be audited if licensed)

LENGTH OF INDIANA RESIDENCY? _____

CURRENT OCCUPATION: _____

WILL YOU CONTINUE THIS JOB UPON LICENSURE? YES ____ NO ____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EYE COLOR: ____ HEIGHT: ____

HAIR COLOR: ____

WEIGHT: ____

PLACE
PICTURE
HERE

ANSWER THE FOLLOWING QUESTIONS FULLY

1. Are you aware of any complaints or charges against you currently pending before any public authority (including a law enforcement agency)? YES ____ NO ____
2. Has any disciplinary action been taken against you in the past year by any public authority (including law enforcement agency)? YES ____ NO ____
3. Have you ever been convicted of any Felony ?
YES ____ NO ____
4. Have you ever been convicted of a Misdemeanor involving dishonesty, violence or a deadly weapon? YES ____ NO ____
5. Are you a jailer, law enforcement officer, or do you have any custody or control over prisoners? YES ____ NO ____
6. Have you ever previously held an insurance or bail agent's license in this or another state?
YES ____ NO ____
7. If you answered yes to item #6, was that license ever suspended or revoked?
YES ____ NO ____
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date.

9. Do you have any outstanding State or Federal tax liens or warrants? YES ____ NO ____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET
OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING
ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____

Sworn and subscribed before me this ____ Day of _____, ____.

My Commission Expires _____ Notary Public _____

County of Residence _____ Printed Name _____